SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN,
Date Stapp (Received)

Bayfield Co. Zoning Days. 8 162014 Permit #: Refund: TI

Amount Paid: \$17S H-9/I.

until all fees

Address of Property.	John	TYPE OF PERM	Checks are made payable DO NOT START CONSTRU
, A. C.	John Conway	TREQUESTED-	Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISS
		X LAND USE SA	Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
City/State/Zip:	67465 E Crystal LK Rd, Iron River	TYPE OF PERMIT REQUESTED> X LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE	O APPLICANT.
· •	Crystall-KRJ.T	☐ CONDITIONAL U	
	J. Trow Rive	SE D SPECIAL USE	
	ξ   <del>Ε</del>	B.O.A. OTHE	100

☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent)  Creek or Landward side of Floodplain? If yes—continue—▶	 Section, TownshipN, RangeW		SIZ 1/4, COD TO GOV'T Lot Lot(s)	PROJECT Legal Description: (Use Tax Statement)		blication on behalf of Owner(s))	Contractor: Peter Soll	07465 ECrystal Lake Pd Iron River, WI 54847	John Conway	Telephone:    Mailing Address:   City/State/Zip:   Telephone:
er, Stream (incl. Intermittent) Distance Structure is from Shoreline:    fee	- Radional	Town of:	CSM Vol & Page Lot(s) No. Block(s) No.	是	3740	Agent Phone: Agent Mailing Address (include City/State/Zip):	TCoptractor Phone: NA	IVON RIVEY, WI 5484	67465 E Crystall K Rd, Iron Kiver	Mailing Address: City/State/Zip:
Ine: Is Property in Are Wetlands feet Floodplain Zone? Present?	7.0	Lot Size Acreage	Subdivision:	Volume 1133 Page(s) 70	□ Yes X No			+7 3/8-426-389	E	Telephone:

		_	_						,-		-			
Existing Structure			1				- TOPENS	8585 P	8	Value at Time of Completion * include donated time &		□ Non-Shoreland	XShoreland →	
Existing Structure: (if permit being applied for is relevant to it)		111111111111111111111111111111111111111		Property	Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	XAddition/Alteration	☐ New Construction	Project			X is Property/Land within 1000 feet of Lake, Pond or Flowage	Creek or Landward side of Floodplain?
or is relevant to it)				☐ Foundation	☐ No Basement	□ Basement	□ 2-Story	1-Story + Loft	X1-Story	# of Stories and/or basement			) 1000 feet of Lake, Pon	
Length: 25	N.	<b>\</b>						X Year Round	☐ Seasonal	Use			<u></u>	If yescontinue>
					None		<b>□</b> 3	×2	<u></u>	# of bedrooms			Distance Struc	
Math: 0	が で に 		None	Compost loilet	Portable (w/service contract)	Privy (Pit) or Vaunted (min 200 gallon)	Sanitary (Exists) Specify Type COTIC	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?			Distance Structure is from Shoreline:	feet
2000	E Ciast:				ntract)	uitea (min 200 gallon)	Type CO II	ify Type:		ype of tary System property?			X No	one?
							[-	XWell	CitA	Water			XNo.	Present?

Proposed Construction:		Proposed Construction: Length:		Height:
Proposed Use	<	Proposed Structure	Dimensions	ions
	X	Principal Structure (first structure on property)	×	-
		$\dashv$	×	
•		with Loft	×	-
Residential Use		with a Porch	×	-
*		with (2 <sup>nd</sup> ) Porch	×	-
		with a Deck	×	
		with (2 <sup>nd</sup> ) Deck	×	_
☐ Commercial Use		with Attached Garage	×	
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	×	_
		Wobile Home (manufactured date)	×	
	X	Addition/Alteration (specify) Enforcement of the process of the specific of th	× 7.1)	× 35 -
Municipal Use		Accessory Building (specify) relocating bed Copin		-
		Accessory Building Addition/Alteration (specify)	,	
				1
		Special Use: (explain)	`  <i>-</i> : >	-
		Conditional Use: (explain)	-   ×	-
		Other: (explain)	×	-

URE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES companying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the purpose of inspection. ーエーエ

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Same Q ര

Address to send permit,

Owner(s): (If there are Multiple

Owners listed on

the Deed All Owners miss sen or letter(s) of

N

ompany ps application)

Date

5

Authorized Agent:

Date

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

	Hold For Fees;	ffidavit:	Hold For Affidavit:	Hold For TBA:		Hold For Sanitary:
Date of Approval-14				as toute		Signature of Inspector:
Data Appear					" July	
			2	2 Uffred	Mutgaton	6
		: 			<b>.</b>	
Date of Re-Inspection:	attached.)	If No they need to be a	Inspected by:	Inspard Conditions Attached?	ction: $10-23-14$	Date of Inspection:
Zoning District $(K-I)$ Lakes Classification $(A)$	las.	all setlaco	ed. Met	Slab pouce	topust.	Well s
	Was Property Surveyed	were Property Lines		ated XI Yes   No	was Parcel Legally Created sed Building Site Delineated	Was Proposed
	Case #	□ Yes X No			Yes W No Cas	Yes K No
	y Variance (B.O.A.)		1 1	□ Yes	anı	Granted by Va
Affidavit Required	XYes □ No XYes □ No	o Mitigation Required Mitigation Attached	d) 1621363   No	Yes (Deed of Record) 102 303	ship Lot	Is Parcel Is Parcel in C
		11.14	Permit Date:		があって	Permit #:
00-68-6		20100		y ose only)	Permit Denied (Date):	Permit Denied (Date):
	For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code  The local Town, Village, City, State or Federal agencies may also require permits.  Sanitary Number: 7777 # of bedrooms: 7 Sanitary Date:	rom the Date of Issuance ALL Municipalities Are Roor Federal agencies ma	Two Family Dwelling: , own, Village, City, State Sanitary Number: .	ction Of New One & The local T	For The Constru	
(HT), Privy (P), and Well (W).	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)	ion, Septic Tank (ST), I	n(s) of New Construct	Proposed Locatio	(9) Stake or Mark	
to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be ed by a licensed surveyor at the owner's expense.	tback, the boundary line from which the so rom a known corner within 500 feet of the	from the minimum required set y use of a corrected compass fi	et but less than thirty (30) feet i	ture more than ten (10) fee viously surveyed corner, or pense.	nent or construction of a structed wayed corner to the other preved surveyor at the owner's ex	Prior to the placement one previously surveye marked by a licensed st
be visible from one previously surveyed corner to the	ndary line from which the setback must be measured must be v	; the boundary line from which	the minimum required setbad wner's expense.	ture within ten (10) feet of licensed surveyor at the o	a placement or construction of a structure within ten (10) feet of the mi iously surveyed corner or marked by a licensed surveyor at the owner's	Prior to the placem other previously su
			SO+ Feet NA Feet	osting)	Setback to <b>Drain Field</b> Setback to <b>Privy</b> (Portable, Composting)	Setback to <b>D</b>
13 Feet		t Setback to Well	( Feet	Tank	eptic Tank or Holding	Setback to Se
	ea on property oodplain		1-12	Durk Rd	Setback from the <b>West</b> Lot Line <b>Lour</b>	Setback from
₩ Feet	Setback from <b>Wetland</b>		15 Feet		Setback from the <b>North</b> Lot Line Setback from the <b>South</b> Lot Line	Setback from
ter mark) X/4 Feet	Lake (ordinary high-wa River, Stream, Creek Bank or Bluff	t Setback from the  Setback from the  Setback from the	7 7	nt-of-Way	n the Centerline of Platted Road In the Established Right-of-Way	Setback from Setback from
Wedsurement	vescription		Measurement			
oproved by the Planning & Zoning Dept.	nust be aj		st point)	Setbacks: (measured to the closest point)	(8) Setbacks: (mea	
			ng)	e (prior to continui	Please complete (1) - (7) above (prior to continuing)	Please cor
				د <u>ا</u>	eptic	Same S
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d/or (*) Privy (P)	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/o (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	T); (*) Drain Field (DF) Creek; or (*) Pond er 20%	Well (W); (*) Septic Tank (ST); (*) Lake; (*) River; (*) Stream/Creek; Wetlands; or (*) Slopes over 20%	(*) Well ( (*) Lake; (*) Wetla	<ul><li>(5) Show:</li><li>(6) Show any (*):</li><li>(7) Show any (*):</li></ul>	
	Road)	<b>Road (</b> Name Frontage Property	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage All Existing Structures on your		<ul><li>(1) snow Location or:</li><li>(2) Show / Indicate:</li><li>(3) Show Location of (*):</li><li>(4) Show:</li></ul>	
		lare applying for)	(regardless of what you are applying for)	your Property	6	

SUBMIT: COMPLETED APPLICATION, TAX Planning and Zoning Depart. PQ Box 58 \* Washburn, WI 54891 (715) 373-6138 Bayfield County

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (seeswed)

Date: Permit #:

1000-

Bayfield Co. Zoning Dept.

007 2.02014

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

70

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Refund:

vledge that I (we)	nd complete. I (we) acknowledge that I (we)	LTIES	WITHOUT A PERM	ING CONSTRUCTION	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENA	FAILURE TO (		90-00 and 4000 and 40	
	×				olain)	Other: (explain)		Secretarial Staff	emprovi i malei
	×				Conditional Use: (explain)	Conditiona			HAMUS AND
	X		100	1.11.1	e: (explain)	Special Use: (explain)		2 05 2 4	Nes <del>as</del> SOVE
	*		y)	teration (specify)	Accessory Building Addition/Alteration	Accessory	1	Rec'd for Issuance	
1200	30 x40 )		toe		Building (specify)	Accessory Building	X	Municipal Use	
	<   ×				Alteration (specify)	Addition/Alteration			
	× ×	And the second s		Limited The Control of the Control o	Mobile Home (manufactured date)	Mobile Ho			
		or ☐ cooking & food prep facilities) (	s, or $\square$ cooking $\delta$	☐ sleeping quarters,	Bunkhouse w/ (□ sanitary, or □	Bunkhouse			
			and the second s	ge	with Attached Garage			Commercial Use	
					with (2 <sup>nd</sup> ) Deck	- Wilder			****
- Annual Control of the Control of t	× )			The second secon	with a Deck	- Helician			
	x )				with (2 <sup>nd</sup> ) Porch			Sezidelitidi Ose	
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T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-	××			ack, etc.)	(i.e. cabin, hunting shack, etc.)	Residence (			
	×		1.000	re on property)	Principal Structure (first structure on property)	Principal St			
Square Footage	Dimensions		ire	Proposed Structure	PJ		<	Proposed Use	
6	11618111	wigth: 2C	40	Length:				Proposed Construction:	Prop
,	Height:	N.				g applied for it	rmit bein	Existing Structure: (if permit being applied for is relevant to it)	Existi
		Notice	and the second s	and the second s		6	X Garag		
		Compost Iollet			☐ Foundation		Property	Pro	
	ontract)	ice cc	⅓ None	111111111111111111111111111111111111111	1 1	-1	Run a Business	Ru	
(nc	Vaulted (min 200 gallon)	Privy (Pit) or	1 1		Basement		Relocate (existing bldg)	100	لها
(7)	cify Type: Conv		1		2-Story	Conversion	Wersion	18	<b>⊹</b> ∧-
X Well	fy Type:	(New) Sanitary Speci		X Year Round	1-Story + loft	+	New Construction	Ne.	
□ City		☐ Municipal/Citv	<b>-</b>	□ Seasonal	1 (10)		•	<b>\$</b>	П
Water	Type of itary System property?	What Type of Sewer/Sanitary System Is on the property?	# of bedrooms	Use	# of Stories and/or basement	lying for)	<b>Project</b> are you app	Value at Time of Completion * include donated time & (What are	Value of Co
								Non-Shareland	□ Nor
K No	X No		200	-continue -		Land within To	roperty/		
□ Yes	☐Yes	is from Shoreline :	Distance Struc	- 1		Cleek of california within 1000 foot of	OI Laller	Shoreland —	≯Sho
Are Wetlands Present?	Is Property in Floodplain Zone?	Distance Structure is from Shoreline : feet	Distance Struc	if vescontinue	liver, S	Land within 30	roperty/	ls F	
76	more of	05.0	nes	Nug			2000		
)	)	Lot Size	•	Town of:	N. Range G W	47 N.R	nwnshin	<i>L</i> s	
H	SMS	1 2 g	Lot(s) No.	Vol & Page	Lot(s) CSM	Gov't Lot	1/4	1/4,	
s) 163	Recorded Document: (i.e. Property OwnerShip) Volume // 32 Page(s) //63	10	N W	1915) 1915) - 47.09.	Tax Statement)	(Use	Legal Description:	PROJECT Legal	5 ₽
Attached  Yes X No	Attached	(include city/or	Agent Mailing Address		Owner(s)) Agent Phone:	(Person Signing Application on behalf of Owner(s))	ing Applicat	Authorized Agent: (Person Sign	Authori
thorization.	A A		Plumber:		Contractor Phone:			self	tra
7152097321	<del></del>	54847	CI	RIVE	ane I Ron	ake L	00 L	140 B. IR	2
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715372-441	š -	+	· ·	ress:		~-	>	s Name:	Owner's Name:
THER	B.O.A. OTHER	SPECIAL USE	CONDITIONAL USE		□ SANITARY	K LAND USE	0.000	TYPE OF PERMIT REQUESTED	Type o

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

All Owners must sign or letter(s) of authorization must accompany this application)

mark

MMC MARCHATE

10-

15-14

Date

Owner(s):

Authorized Agent:

Address to send permit

Same as

aldove

Copy of Tax Statement V
Copy of Tax Statement V
If you recently purchased the property send your Recorded Deed

Hold For Sanitary: Hold For TBA:	ine. No sum	Date of Inspection: 10—34—14 Inspegnence Condition(s):Town, Committee or Board Conditions Attached? The Millian Month Le World Jon Kumman	shed. Metal	Was Parcel Legally Created XYes □ No Was Proposed Building Site Delineated XYes □ No	Granted by Variance (B.O.A.) Yes 💸 No Case #:	I Lot Yes (Deed of Record) ship Tyes (Fused/Contiguo ning Tyes	Permit # 14-0489 Pe	Issuance Information (County Use Only)  Permit Denied (Date): Re	(9) Stake or Mark Proposed Location(s) on MOTICE: All Land Use Permits Experiments of New One & Two The Construction Of New One & Two The Iocal Town,	Prior to the placement or construction of a structure within ten (10) feet of the mir other previously surveyed corner or marked by a licensed surveyor at the owner's: Prior to the placement or construction of a structure more than ten (10) feet but is one previously surveyed corner to the other previously surveyed corner, or verifiat marked by a licensed surveyor at the owner's expense.	Setback to <b>Drain Field</b> Setback to <b>Privy</b> (Portable, Composting)	or Holding Tank	Setback from the East Lot Line	Town Rd	Setback from the North Lot Line 12 Kg	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	(8) Setbacks: (measured to the closest point)	Please complete (1) – (7) above (prior to continuing)	Sæ	(1) Show Location of: Proposed Construction of: North (N) on Plot I (3) Show Location of (*): North (N) on Plot I (4) Show: (5) Show: All Existing Structuses (5) Show any (*): (*) Well (W); (*) Since (7) Show any (*): (*) Lake; (*) River; (*) Show any (*): (*) Wetlands; or (*)
Hold For Affidavit: Hold For Fees:	tuus in st	TYes No-11 No they good to be attached.  (M) Nab tation.	set backs.	Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.)	□ No Mitigation Mitigation	Permit Date; 31-59 115-14	Sanitary Number: # of bedrooms:  Reason for Denial:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Proposed Location (HT), Proposed Locati	the boundary line from which the setback must be measured om the minimum required setback, the boundary line from whom the minimum required setback, the boundary line from whom corner within 500 f	Feet Feet	80 4 Feet Setback to Well	70 Feet Elevation of Floodplain	Feet Setback from Wetland		Setback from the Lake (ordinary high-)	Measurement Description	Changes in plans must be approved in the control of	William Annual Committee of the Committe	e a tachment	Proposed Construction  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
The state of the s		under presente in	Zoning District $(R-I)$ Lakes Classification $(R-I)$	er Kyes UN	Case #:	Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☐ No		Sanitary Date:	Tank (HT), Privy (P), and Well (W). has not begun. Jniform Dwelling Code.	must be visible from one previously surveyed corner to t include the sethack must be measured must be visible from eet of the proposed site of the structure, or must be		/00+ Fe	WA Fe		NA.	high-water mark) 280+ Fe	Measurement	approved by the Planning & Zoning Dep			and/or (*) Privy (P)

